

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760547

FILED
Apr 17, 2009
Secretary of State

Entity Name: SEQUOIA GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

510 SE 2ND AVENUE
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

510 SE 2ND AVENUE
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 59-2169571 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUCKER & TIGHE, P.A.
800 EAST BROWARD BLVD.
SUITE 710
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: CRAWFORD, GENEVA
Address: 4736 NW 5TH CT.
City-St-Zip: COCONUT CREEK, FL 33063

Title: D () Delete
Name: VANGELAKOS, ROSE
Address: 540 SE 2ND AVE. J-27
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: SD () Delete
Name: HERZOG, LARRY
Address: 420 SE 2ND AVE. B-26
City-St-Zip: DEERFIELD BEACH, FL 33341

Title: VD () Delete
Name: PENLAND, TONI
Address: 3405 SE 2ND AVE UNIT B-7
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: PENLAND, TONI
Address: 540 SE 2 AVE #J7
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: TD () Change (X) Addition
Name: HOYT, LAURA
Address: 430 SE 2 AVE # E23
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D () Change (X) Addition
Name: SOUZA, MARCIO
Address: 530 SE 2 AVE #F3
City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: G. CRAWFORD

PD

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date